

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Matthew Lehrfeld
#382-633
Noble Correctional Inst.
15708 State Rt. 78 West
Caldwell, OH. 43724-8902

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

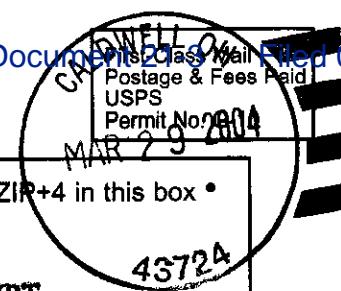
(Transfer from service label)

7002 0860 0000 1408 6497

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835



• Sender: Please print your name, address, and ZIP+4 in this box •

OFFICE OF THE CLERK
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
100 E. FIFTH STREET, RM #324
CINCINNATI, OHIO 45202
OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

1:01cv432

#20+21 4819